

HOMEOWNER INFORMATION

The applicant must **own and occupy** the home in need of repairs.

Full Applicant Legal Name: _____

Full Co-Applicant Legal Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Year you purchased your home: _____

Have you ever served in the US Armed Forces? _____ If yes, attach a copy of DD-214.

Applications must include copies of all of the following documentation to be considered:

- _____ **Complete both sides and sign application.** _____ **Proof of Ownership (Deed Required)**
- _____ **Income Support (Pay Stubs for the last 60 days, Award Letters, Pensions, Annuities, Retirement Funds, etc.)**

**Return all documents to Habitat for Humanity Repair Program, 2268 NC Hwy 5, Aberdeen, NC 28315.
Deadline September 30, 2024**

HOUSEHOLD MEMBERS INCLUDING THE HOMEOWNER

Full Name	Relation to applicant	Date of Birth	Voluntary Race/Ethnic Designation *	Monthly Income**
Household TOTAL:				

** Monthly Income before taxes includes wages or business income, retirement/pension, social security, Child support, supplemental security income, public assistance, etc. Please provide documentation for all income.

- * 1 = White/Not Hispanic
- 2 = Black/Not Hispanic
- 3 = American Indian/Alaska Native
- 4 = Asia/Pacific Islander

Repairs Requested (No Interior Repairs)

- Roof Septic Tank HVAC
- Windows Wheelchair Ramp
- Doors Deck

Please answer the following questions:

1. Has Habitat NC Sandhills performed any repairs on this home in the last five years?

- Yes No

If yes, when and what repairs did you receive?

2. Is your home a manufactured or mobile home? (We are unable to assist with repairs on manufactured or mobile homes except wheelchair ramps.)

- Yes No

3. Do you have homeowners insurance?

- Yes No

4. Do you owe any property tax?

- Yes No

5. Last 4 digits of SSN _____

I hereby certify that:

1. I own and occupy the home referenced as my primary residence;
2. This application is to qualify me for the Home Repairs Program, which is intended to assist low-income homeowners in correcting substandard housing conditions that pose an imminent threat to life, safety, or accessibility;
3. At any step in this process, I may be denied if it is determined that I do not meet Habitat's criteria or the terms of the Habitat partnership;
4. I am only eligible for assistance once every five years through the Habitat Aging in Place Program;
5. If at any time false or misleading information is discovered, I may be rejected.

Homeowners Signature(s)

Date

If you are not the homeowner but are assisting the homeowner in completing this form, please provide your name, relationship to the homeowner, and phone number:

Homeowners Representative

Name: _____ Relationship: _____

Phone Number: _____ Date: _____

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.

